



STATE OF NEVADA EMPLOYEE APPRAISAL & DEVELOPMENT REPORT

1. Employee Name: Last		First	Initial
2. Class Title:		3. Employee ID #:	
4. Dept/Div/Section:		5. Date Evaluation Due:	
6. Agency # (3 digits):	Home Org # (4 digits):	Position Control #:	
8. Probationary/Trial Period (check one): 6 month Probation/Trial: <input type="checkbox"/> 2 nd month <input type="checkbox"/> 5 th month <input type="checkbox"/> Other 12 month Probation/Trial: <input type="checkbox"/> 3 rd month <input type="checkbox"/> 7 th month <input type="checkbox"/> 11 th month <input type="checkbox"/> Other		OR Permanent (check one): <input type="checkbox"/> Annual <input type="checkbox"/> Other	
9. Work Performance Standards: <input type="checkbox"/> are an accurate reflection of the position <input type="checkbox"/> will be revised to reflect changes			
10. Overall Rating from Page 2, Number 14 (check one): <input type="checkbox"/> Does Not Meet Standards* <input type="checkbox"/> Meets Standards <input type="checkbox"/> Exceeds Standards <small>* If a rating of "Does Not Meet Standards" is given, another evaluation must be completed within 90 days. The rating may affect adjustments in salary based on merit (NAC 284.194) and longevity pay (NAC 284.270).</small>			
Rater's Printed Name:			
Rater's Signature & Title:		Date: (mm/dd/yy)	
11. Additional Supervisory Review (optional): <input type="checkbox"/> Agree <input type="checkbox"/> Disagree (Comment Required)			
Printed Name:			
Signature and Title:		Date: (mm/dd/yy)	
12a. Date employee received evaluation document: _____ Employee's Initials: _____ (Does not indicate agreement or disagreement.)			
b. Employee Response: NAC 284.470 requires that you complete the section below and sign the report on performance within 10 working days after discussion with your supervisor. <input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Request Review* (If you disagree with the report and request a review, you must specify the points of disagreement below or attached.)			
c. Employee Signature:		Date evaluation returned to supervisor:	
13. Appointing Authority Review: <input type="checkbox"/> Agree <input type="checkbox"/> Disagree (Comment Required)			
Appointing Authority's Printed Name:			
Appointing Authority Signature & Title:		Date: (mm/dd/yy)	

* Note – Reviewing Officer uses form NPD-15R to respond to employee's request for review as outlined in NAC 284.470

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Employee Name: (Last)		(First)		(Initial)	
Employee ID #:					

14. Job Elements (Transfer from Employee Work Performance Standards form and provide a numerical rating of 1 = DMS; 2 = MS; or 3 = ES for each job element in column (A).	(A) Rating	(B) Weighted Value	(C) Weighted Rating
Job Element #1:			
Job Element #2:			
Job Element #3:			
Job Element #4:			
Job Element #5:			
Job Element #6:			
Job Element #7:			
Job Element #8:			
Job Element #9:			
Job Element #10:			
Overall Rating (Scale: 1 to 1.50 = DMS; 1.51 to 2.50 = MS; 2.51 to 3 = ES) <i>(A “does not meet standards” rating may affect adjustments based on merit (NAC 284.194) and longevity pay (NAC 284.270). Another evaluation must be completed within 90 days (NRS 284.340).</i>		X	

15. Rater’s Comments: *(A “does not meet standards” rating for any job element must include a detailed explanation of the deficiencies.)*

16. Development Plan & Suggestions: *(The supervisor will address how the employee can enhance performance and achieve standards; indicates recommendation for further development and training. This section should be discussed with the employee.)*

17. Merit Award Program: *(Provide information to employee relating to the Merit Award Program established in NRS 285.020.)*

Please check method(s) used:

☐ Employee Handbook
 ☐ State Human Resource website:
 ☐ Other (List details)_____

<http://hr.nv.gov/>

Distribution: Original to Division of Human Resource Management; Copy to Agency; Copy to Employee

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